

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	1		1			
4	1		1			
5	4		3			
6	4		1			
7	4		1			
8	5		1			
9	4		1			
10	3		1			
11	3		1			
12	3		1			
13	3		1			
14	3		1			
15	1		1			
16	1		1			
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31			1			
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34			1			
35			1			
36			1			
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39			1			
40			1			
41			1			
42			1			
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			60			
TOTAL DEP.			14			
TOTAL CLAIMS			74			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					